PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE IEE and PUBLICATION IEE (if required, Blockie). I through 5 should be competed where appropriate. All further correspondence including the Publican davors over some and notification of maintenance fee he maided to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

22850 7590 08/04/2008 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

CUSTOMER NUMBER

I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. (Depositor's name)

22850 (Sign

						(Da
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	,	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/566,101 TLE OF INVENTION	08/10/2006 : INDOL-6-YL SULFO	NAMIDE DERIVATIVE	Ramon Merce Vidal ES, THEIR PREPARATIO	N AND THEIR US	284024US-0-PCT E AS 5-HT-6 MODULAT	9575 ORS
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	11/04/2008
EXAM	INER	ART UNIT	CLASS-SUBCLASS			
RAHMANI,	NILOOFAR	1625	514-415000			
TFR 1363). Change of correspondence address (or Change of Correspondence Address form PTO/SB 122) attached. "Tee Address' indication (or 'Tee Address' Indication form PTO/SB447; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single registered attorney or a 2 registered patent atto	rot primaing of the plane from page, and the aimset of up to 3 registered planet attorneys special OR, dereastively, the control of single for the variety as a member, the control of single for the variety as a member, the control of single for the variety and the mannes of up to registered planet attorneys or agents. If no name is to registered planet attorney or agents, if no name is		
(A) NAME OF ASSIC Laboratori	os del Dr.	ESTEVE S.		and STATE OR CO	UNTRY)	
la. The following fee(s) a	o small entity discount p	dermitted)	b. Payment of Fee(s): (Plea A check is enclosed. Payment by credit car	se first reapply any	previously paid issue fee	shown above)
a. Applicant claims	SMALL ENTITY state	is. See 37 CFR 1.27.			ENTITY status. See 37 C	
NOTE: The Issue Fee and nterest as shown by the r	Publication Fee (if req ecords of the United Spa	uired) will not be accept tes Petent and Trade har	ed from anyone other than t k Office.	he applicant; a regist	ered attorney or agent; or t	he assignee or other party
Authorized Signature Typed or printed name	San	A Julia I J. Killos)	Date	NOV 0 4 200	8
Typed or printed name		PER I 211 The informati	ion is required to obtain or r 1.1.4. This collection is est y depending upon the indiv he Chief Information Office COMPLETED FORMS TO	Registration No	and the mobile to an Ote day	d book - HEREO

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND PEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.